

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <u>101632117</u>	FILING DATE <u> </u>
APPLICANT(S) <u> </u>	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				2		
TOTAL DEP.			-7			
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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